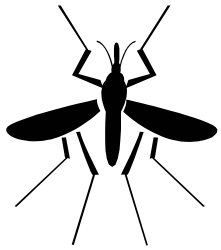
Idaho Disease BULLETIN



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Smallpox Vaccination in Idaho: Update

As of this printing, 191 hospital and public-health workers have been vaccinated against smallpox in Idaho. Most vaccinees have reported only minor complaints, such as itching at the vaccination site, and few have had to miss work due to symptoms. One vaccinee developed a rash which responded to an antihistamine, one vaccinee developed shingles, and one vaccinee was evaluated for drowsiness and epigastric pain. All have recovered.

The smallpox vaccination effort was suspended for a few days due to new information on cardiac events after smallpox vaccination, including myocardial infarction, angina, and myocarditis. Although the link to the vaccine is as yet uncertain, new screening procedures have been recommended by CDC to exclude those with known cardiac disease or three or more risk factors for cardiac disease. The new cardiac recommendations are available at http://www.bt.cdc.gov/. A recent MMWR, published March 28, 2003, highlights the details of these cardiac events in vaccinees.

Once this phase of the vaccination effort is complete, a summary on the effort in Idaho will be compiled. If you have any questions about smallpox vaccination, or see a patient with a suspected adverse event, please contact your health district's smallpox vaccination coordinator, or Dr. Christine Hahn at 334-5939.

West Nile Virus Media Campaign
"You Can Fight the Bite"

West Nile virus was detected in three of Idaho's six neighboring states by the end of the 2002 mosquito season. The virus is likely to affect the health of Idahoans, their horses, and birds during the 2003 mosquito season. State agencies have cooperated to develop a media campaign, in both English and Spanish, explaining activities that can reduce the risk of mosquito bites and thus West Nile virus infection. A copy of a tri-fold brochure on prevention activities can be found at http://www.idahohealth.org/. Feel free to download this material for distribution, or contact your local district health department for more information.

Reporting WNV Infections in Idaho

WNV infections are reportable in Idaho as viral encephalitis or viral meningitis. The Centers for Disease Control and Prevention estimates that 20% of the people who become infected will develop West Nile fever. West Nile fever includes mild symptoms such as fever, headache, and body aches, occasionally with a skin rash on the trunk of the body and swollen

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lymph glands. The symptoms of severe infection (West Nile encephalitis or meningitis) include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis. It is estimated that 1 in 150 persons infected with West Nile virus will develop a more severe form of disease. On rare occasion death has also been reported. During the 2002 U.S. outbreak neurological symptoms were seen in a small number of patients. The neurological symptoms, known as acute flaccid paralysis, seem to mimic such ailments as stroke, Parkinson's disease, and poliomyelitis.

If you suspect a WNV infection in a patient under your care, particularly after mosquito season arrives, please call the local health district or state health department Office of Epidemiology for more information.

SARS: Severe Acute Respiratory Syndrome

Since early February, 2003, cases of atypical pneumonia, known as SARS (severe acute respiratory syndrome) have been reported in residents and visitors of Southeast Asia. The geographic areas of concern include Hong Kong Special Administrative Region and Guangdong province, Peoples' Republic of China; Hanoi, Vietnam; and Singapore. Travelers to the region have reportedly returned to their countries of origin, including the United States and Toronto, Canada with a suspicious illness. The World Health Organization and the Centers for Disease Control and Prevention suspect that a newly identified coronavirus is to blame. Several healthcare workers have been reported to develop SARS after caring for patients with SARS prior to the implementation of infection control procedures. The CDC has created a new website with timely information on SARS including a case definition, details on infection control methods that appear to control the spread of the illness (which include standard precautions, contact precautions, airborne precautions, and eye protection), laboratory sample collection and submission information, and details on the worldwide distribution of cases under investigation. The website may be found at: http://www.cdc.gov/ncidod/sars/.

No patients meeting the CDC case definition for suspect SARS have been found in Idaho, but active investigation of reports of possible SARS continues. Your district health department can be of assistance in evaluating patients for this disease and ensuring any needed isolation precautions are taken. In addition, the Idaho Department of Health and Welfare, Office of Epidemiology is available for clinical consultation on any case you may suspect. Please call 208-334-5939 and ask an epidemiologist for further information.

Influenza:

Flu season has arrived in Idaho. Strains isolated to date by the state public health laboratory have included A–H1N1, A–H3N2, and B–Victoria lineage. The current influenza vaccine provides protection against these strains.

Strain-typing is a critical component of influenza surveillance. The influenza pandemic of 1918 was responsible for millions of deaths worldwide. This pandemic strain of influenza had unusual characteristics, including its ability to readily spread from person to person and to affect apparently healthy persons in the prime of their lives. Antigenic shifts that allow such a rapid and devastating

worldwide distribution of influenza are theoretically possible at any time.

Rapid flu tests do not provide any information on circulating strains of influenza. It is critical that health care providers submit specimens for influenza strain determination.

Influenza strain-typing is offered by the state public health laboratory at no charge. Nasopharyngeal swabs are preferred for laboratory testing.

Year-round testing of suspected influenza cases is encouraged. Rapid detection of influenza outside the typical influenza season and by strain-type, is a critical component of pandemic influenza surveillance. We now encourage any healthcare provider to submit suspected clinical samples for testing at the state laboratory, free of charge, year round.

Influenza sampling kits are available at no charge from the Idaho State Bureau of Laboratories. Contact Colleen Greenwalt at 208-334-2235 x 228 for more information to enhance pandemic flu surveillance.

Surveillance for Encephalopathy due to Influenza

MMWR January 17, 2003 / 52(02); 28

Since the mid-1990s, approximately 150 cases of acute encephalopathy have been reported in Japanese children with influenza virus infection. These cases have been characterized by fever and rapid onset of encephalopathy and resulted in a high frequency of neurologic sequelae and death. Most of the children have had laboratory-confirmed evidence of influenza.

To determine if a similar pattern of influenza-associated encephalopathy is occurring in the United States, CDC is requesting information on any case meeting certain criteria. The criteria include a person aged <18 years with altered mental status or personality change lasting >24 hours and occurring within 5 days of the onset of an acute febrile respiratory illness, laboratory or rapid diagnostic test evidence of acute influenza virus infection associated with the respiratory illness, and diagnosis of the condition in the United States.

Suspected cases can be reported to the district or state health department. The information will be used to determine if additional investigation is warranted.

Salmonella Outbreak in Banquet Attendees: Idaho & Washington Residents Affected

A company-sponsored banquet attended by 88 persons from Idaho and Washington yielded more than just a good meal. Of 83 attendees interviewed, 56.7% have been classified to date as having a confirmed (n=24) or probable (n=23) *Salmonella enteriditis* infection subsequent to the banquet. A confirmed case-patient attended the banquet, had an onset of diarrhea within seven days of the banquet and at least one additional clinical sign or symptom (abdominal cramps or pain, fever, chills, headache, body ache, fatigue), and had a stool culture positive for *Salmonella enteriditis*. Probable case-patients met the same criteria but did not have a positive stool culture.

The outbreak is still under investigation. There does not appear to be any ongoing transmission associated with the restaurant. One secondary case of *Salmonella* in a household contact of a

banquet attendee has been reported. Educating patients who are shedding *Salmonella* about adequate handwashing will help reduce the chance of secondary transmission.

Under Idaho code, food handlers whose stool cultures are positive for *Salmonella* are restricted from handling food until two stool samples taken 24 hours apart are negative for *Salmonella*. Work restriction and subsequent loss of income are important concerns of *Salmonella*–positive food handlers; consequently, physicians may be requested to prescribe antibiotics for such patients to eliminate shedding of the organism. Antimicrobial therapy for uncomplicated non-typhoidal *Salmonella* gastroenteritis is not recommended and may not eliminate stool carriage. Additionally, antimicrobial–resistant strains and relapse may occur in patients who have received antimicrobial therapy (Mandell, Bennett, and Dolin, eds. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. Churchill Livingstone, New York, 2000). Physicians are encouraged to inform their patients about the judicious use of antimicrobials.

Idaho Disease Bulletin
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Idaho Disease
BULLETIN
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